

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF COLUMBIA**

**CREDIT CARD COLLECTION NETWORK AUTHORIZATION FORM**

We/I hereby authorize the United States Bankruptcy Court for the District of Columbia to charge the following bank card number(s) for payment of filing fees and other court related expenses.

Name as it appears on Card: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Name of other authorized users: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cardholder's billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Master Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Visa Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

American Express No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please indicate if this information is: NEW [ ☐ ] UPDATED [ ☐ ]

This form will be kept on file in the Clerk's Office, and shall remain in effect until specifically revoked in writing. It is the responsibility of the firm/company named herein to notify the Clerk's Office of the new expiration date when a credit card has been renewed, or if a card has been cancelled or revoked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*In the event the charge against this account is denied, you will be notified immediately to make payment in cash, money order or certified check. Any abuse of this privilege may result in your removal from the credit card program.***

**\*\*Please return completed form to the Finance Office, U.S. Bankruptcy Court, for the District of Columbia, E. Barrett Prettyman Courthouse, Suite 4400, 333 Constitution Avenue, NW, Washington, DC 20001.**